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|--|---|-------------------------|------------|-------------------------|--|-------|--------------------|---|-------|--------------------|--|--------|----------------------|--|--------|--------------------|--|--------|--------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).))  |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| Docket Number (Optional)<br>0365-0501P   |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| Application Number<br>09/831,600-Conf. #5717   | Filed<br>May 11, 2001   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| For <b>METHOD AND APPARATUS FOR DISCHARGING POLYMERIZATION REACTORS</b>  |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| Art Unit         1796  | Examiner           W. K. Cheung   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):<br><b>*Note: a one two month extension was petitioned and paid for on December 30, 2009.</b>   |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <table style="margin-left: auto; margin-right: auto;"><thead><tr><th></th><th style="text-align: left;"><u>Fee</u></th><th style="text-align: left;"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$130</td><td>\$65      \$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$490</td><td>\$245     \$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1110</td><td>\$555     \$ 620.00*</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1730</td><td>\$865     \$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2350</td><td>\$1175    \$ _____</td></tr></tbody></table> |   |                         | <u>Fee</u> | <u>Small Entity Fee</u> | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65      \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245     \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555     \$ 620.00* | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865     \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175    \$ _____ |
|  | <u>Fee</u>  | <u>Small Entity Fee</u> |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130   | \$65      \$ _____      |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490   | \$245     \$ _____      |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110  | \$555     \$ 620.00*    |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730  | \$865     \$ _____      |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350  | \$1175    \$ _____      |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,868</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <div style="text-align: center;"><br/>_____<br/>Signature<br/><br/>Andrew D. Meikle<br/>Typed or printed name</div>  | <div style="text-align: center;"><br/>_____<br/>Date<br/><br/>(703) 205-8000<br/>Telephone Number</div> |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |   |                         |            |                         |  |       |                    |   |       |                    |  |        |                      |  |        |                    |  |        |                    |